

SANTA MONICA MOUNTAINS CONSERVANCY GRANT APPLICATION			
Project Name:		Amount of Request: \$	
Applicant Name:		Total Project Cost: \$	
		Amount of Match: \$	
		SMMC Fund Source(s):	
		Source of Match:	
Applicant Address:		Project Address:	
		County	Senate District
Phone:		Email:	
Fax:			
Grantee's Authorized Representative:			
_____		_____	
<i>Name and Title</i>		<i>Phone</i>	
Person with day-to-day responsibility for project:			
_____		_____	
<i>Name and Title</i>		<i>Phone</i>	
Brief Scope of Work (60 words maximum):			
Funding Source Applied for:			
Narrative/Detailed Project Description:			
Tasks / Milestones:		Budget:	Start Date
1		\$	
2		\$	
3			
4			
5			
6			
Acquisition Projects:		APN(s):	
		Acreage:	
I certify that the information contained in this Grant Application form, including required attachments, is accurate.			
_____		_____	
<i>Signature of Authorized Representative</i>		<i>Date</i>	
Interim Form SMM-001			
STATE OF CALIFORNIA ♦ THE RESOURCES AGENCY			